

<b>POWER OF ATTORNEY And CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/556,715
	<b>Filing Date</b>	11/10/2005
	<b>First Named Inventor</b>	Ola PETTERSEN
	<b>Title</b>	A Novel Method and a Novel Combined Device
	<b>Group Art Unit</b>	Unknown
	<b>Examiner Name</b>	Unknown
	<b>Attorney Docket Number</b>	49741.10.1

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Telephone

Title and Company

Safetrack Infrsystems SISAB AB

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

☒ \*Total of 1 forms are submitted

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